2000 UNIFORM BUSINESS REPORT (UBR)

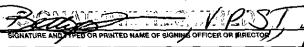
FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # 567978** 1. Entity Name SPRAGGINS FLOORING, INC. 04-17-2000 90061 043 ***158.75 Mailing Address Principal Place of Business 3815 SILVER STAR ROAD 3815 SILVER STAR ROAD ORLANDO FL 32808-4629 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1810546 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPRAGGINS, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 2586 N ORNAGE BLOSSOM TRAIL ORLANDO FL 32804 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete D TITLE SPRAGGINS.MICHAEL L NAME NAME 4 EAST HARVARD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL SDT ☐ Addition ☐ Delete TITLE TITLE SPRAGGINS.MARGARET M NAME NAME STREET ADDRESS 4 EAST HARVARD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL PD 👡 ሺ Change Addition D۷ ☐ Delete TITLE TITLE SPRAGGINS, MICHAEL L JR. NAME NAME 2909 WESTCHESTER AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ORLANDO FL CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE POWERS JR. DANIEL L NAME NAME **13 OAK ST** STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIF YALAHA FL Addition ☐ Change ☐ Delete TITLE TITLE Bethy LAWSON Crest (+ NAME NAME STREET ADDRESS STREET ADDRESS Howevin the Hills FI CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE harles Holdan NAME NAME 267 New Water STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP



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Daytime Phone #

CR2F034 (9/99)